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1924. At that time, the hon. Minister in charge thought that trifurcation was not necessary but bifurcation would be beneficial and recommended that bifurcation might be resorted to. But the district board and the taluk 1-15 board turned down these proposals although I think they were eminently p.m. reasonable, because Rajahmundry and Razole and Amalapur could easily become two taluk boards easy of management. If people were so keen on having a division of the taluk board, I think it was up to the district board and the taluk board to have then accepted the proposal of the then hon. Minister in charge of Local Self-Government. Since then there has been a proposal for trifurcation but the district board president was not in favour of the proposal and we have not been able to get from him schemes for the division of the financial liabilities of this board without which it has not been possible to accept the resolution of my hon. Friend. Those schemes have now come and we hope to give effect to the trifurcation at the beginning of the next financial year, i.e., April. If the proposal is to be given effect to now it would be very difficult to calculate the assets as they stand. So I think my hon. Friend, Mr. Ranganatha Mudaliyar, need not be under the impression that I am going to use it for party purposes. After all, trifurcation is going to be effected only in April next. What might happen between now and April next we do not know. The future is in the lap of Gods. When such is the case, there is no room for any apprehension on the part of Mr. Ranganatha Mudaliyar. It may even be that he himself may have to effect this trifurcation. But then I hope that he will bear in mind the dictum he laid down for me.

" As regards the question whether election or nomination should be resorted to, I think it is difficult to lay down any principles, because there are places where elections are difficult to hold. Perhaps my hon. Friend, Mr. Ranganatha Mudaliyar, was referring to Bellary when he talked of some president wanting to have a board bifurcated. I do not think that happened in our time, because my hon. Friend was also in the Government at that time and I do not remember any reference to Bellary in these matters. Evidently he refers to something that happened before. I am not aware of this proposal. But I can tell my hon. Friend that, as far as possible, it will be my duty to see that no party is helped and that all elected members who are on the board are nominated to the trifurcated taluk board when trifurcation takes place. With these words, Madam Deputy President, I will accept the resolution of my hon. Friend, Mr. B. Venkataratnam."

Mr. B. VENKATARATNAM :—(Spoke in Telugu).

The resolution as amended was put and carried.

The House then adjourned for lunch.

After Lunch (2-30 p.m.)

APPOINTMENT OF HIGHLY QUALIFIED WOMEN ON THE PUBLIC HEALTH STAFF.

* Dr. (Mrs.) S. MUTHULAKSHMI REDDI :—" Mr. President, Sir, I beg to move that

> '*This Council recommends to the Government that highly qualified medical women should be appointed on the Public Health Staff to*

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organize and develop maternity and child-welfare work in the manner best suited to this Province to supervise midwives and dais and to attend to the medical inspection of school girls and women students.'

"Sir, in every country, in all and progressive and advanced countries, this work of maternity and child-welfare is done by women. That should apply with greater force to India where a good number of our women live in purdah and never would take medical aid from men and a great majority of them never even consult medical men for diseases associated with pregnancy and child-birth. I may bring to the notice of the hon. Members of this House the fact that an extraordinary amount of suffering and death during child-birth goes unrelieved in this country. The infant mortality rate and also the still-birth rate are very high. Yet there are no co-ordinated efforts made to organize child-welfare and maternity centres and reduce the sufferings of mothers and children. It is with a view to bring to the notice of this House the great needs for such welfare centres in this country that I have brought forward this resolution.

"Sir, I have got a copy of the report of the Public Health Department in my hand. It says 'In the year 1927 more than 88 per cent of deaths in infants from congenital debility and prematurity occurred in children under the age of one month.' It says 'there is a tremendous need for the development of pre-natal care—that is, care of the expectant mother.'

"Coming to maternity death rate it records 15 per 1,000; while in England and Wales it is 4·5 per thousand. Thirty thousand women died in this Presidency in the year 1927 as the result of child-birth, 50 per cent of whom could have been saved if skilled and scientific help were made available to them during child-birth, because the diseases to which they succumbed were largely puerperal sepsis, and hence preventible.

"In the rural areas the condition is still worse; because medical aid to women by women is administered only in cities and municipalities, while in districts and in rural areas only 3·4 per cent of the women are attended by trained midwives; whereas in civilized countries cent per cent of women are attended by trained midwives. The report itself says 'this figure of 30,000 mothers' deaths reveals the painful fact that the bitterest tragedy in life was enacted in such homes.'

"Just consider the serious consequence of a mother's death on other children in the family. Not only are the homes deprived of the mothers but the children are deprived of that love and care which a mother alone can bestow upon her children. It is these considerations which have induced other countries to devote so much care upon their mothers and children.

"Again in the year 1927 a conference was held in Delhi which was composed of expert experienced medical men and women and social workers, which conference passed this resolution unanimously:—'That a lady trained organizer for all work connected with infant welfare and maternity care, preferably an Indian, should be appointed on the public health staff in each province'. They were of opinion that greater association of women with public health staff would afford facilities for such medical relief being organized on a sound basis and on a larger scale.' Again the association of medical men in India presented a memorandum the other day to Her Excellency Lady Irwin. They pointed out that a woman well-qualified and

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trained should be appointed in every province on the public health staff as Assistant Director to the Director of Public Health. Further in the United Provinces they have already set a good example. There is a woman on the public health staff and she has turned out very good work. It is reported in that memorandum that she organized preventive work and she has greatly increased the maternity and child-welfare centres. She organizes lectures and visits many health centres personally. All this work is of the greatest value in a country like India where such a work could not be done by male workers. Further, my work on the Committee of the Madras Maternity and Child-Welfare Association has convinced me of certain facts which I would like to bring to the notice of this House.

"The Maternity and Child-Welfare division of the Provincial branch of the Indian Red Cross Society, is a voluntary association conducted by a Committee of missionary women and Indian women who are interested in the child-welfare and maternity work. They have already opened 69 centres in the districts and mufassal. This is how a centre is started: the Association sends out a missionary worker to enlist the sympathy of the local people and to find honorary workers, the Association itself giving a grant of Rs. 25 towards the expenses of a centre. The local committee is responsible for the appointment of the staff and appoints very often ill-qualified and untrained nurses. Very many defects have been brought to our notice and many of these centres are lacking in many things. In some centres the staff are not trained, and the proper equipment is wanting. Certain municipalities do not take interest in the work and their financial condition does not permit of their taking any steps in this direction even in places where they have been able to find honorary workers. It is reported that local people appreciate the work of these centres for the mothers and children. I may submit that these maternity and child-welfare centres ought to serve as educational institutions (they are not dispensaries) and as such they ought to be run by well-trained health visitors. A health visitor combines the qualification of a nurse and midwife and is also trained for public health work, as her work is more of prevention of diseases than cure. She educates the mother on the laws of hygiene and she educates her how best to take care of her children. In these days when medical science is very much advanced we ought to aim at prevention rather than cure. So these maternity and child-welfare centres should possess trained people to give the public expert advice for which work an officer experienced, well-qualified and well-trained is quite essential. The value of this work cannot be realized by the municipalities or local bodies unless it is pointed out to them. Hence the department ought to take the initiative in these matters. In England the Ministry of Health takes a full share in such health schemes. As the welfare of the mother is the welfare of the nation the cost of this maternity and child-welfare schemes forms the first charge on the finances of the State. They have appointed highly qualified medical officers to give advice to local bodies to organize and to develop the centres, on modern lines. These women doctors also carry on research and investigation into the causation of maternal and infantile deaths. Then the results of their enquiry are made known to the public, both through the Press and through a number of popular pamphlets and through special propaganda officers. These women officers visit the districts and enlist the sympathy of the local people that they may give their co-operation to such health schemes.

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2-45 p.m. "This is how maternity and child-welfare work is carried on in other countries. There is no use of giving treatment in hospitals after the disease has advanced. We must educate the people on the laws of health, so as to disseminate scientific knowledge among them and make that knowledge available to every father and mother in this country. To do this most effectively, we need well-qualified women, in the Health Administrative staff of the country, who would plan out schemes, see that the schemes are carried into practice and also convince the people and the Government as to the necessity for such work. *The report of the Ministry of Health in England says*:

'Now in the year 1924, when investigation showed that maternal mortality did not show any reduction in spite of repeated attempts, the Ministry got so much concerned with that position that they communicated with the local authorities up and down the country calling attention to the need of ante-natal work, maternity centres and maternity beds and such educational measures as will create an informed and enlightened public opinion in regard to the question of maternal mortality.'

"All that is possible here only if the State comes forward with finance and proper staff to help such health schemes. With these words, I commend the resolution to the acceptance of the House."

* The MAHARAJA OF PITHAPURAM :—" Mr. President, Sir, I have very great pleasure in seconding the resolution so ably moved by my esteemed friend, our honoured Deputy President. It is well known that our ladies fight shy of male doctors. There are some who would rather suffer and prefer death to consulting men doctors. The mover has dealt with the motion so thoroughly that very little more need be said by me. I only hope that every one of the Members of this House will support this motion and that the Government will not come forward with the plea that no funds are available for this purpose."

Mr. G. HARISARVOTTAMA RAO :—" Sir, I move that the word 'highly' be omitted and that the word 'Indian' be inserted before the words 'qualified medical women.' The reasons are obvious. I do not intend that the care of women and children should be handed over to unqualified women. The word 'qualified' is retained. It is sufficiently indicative of the quality of the women we want. I have introduced the word 'Indian' so that we may not, as we have hitherto done, commit the mistake of handing over the destinies of our people to the hands of foreigners. I have no intention of excluding any who are efficient or of including those who are inefficient. It is intended more in the interests of the nation and our women would be more communicative to one of themselves than to outsiders. This is the nature of the people in our country. It is best that the women who take charge of this work are Indians. I feel that this amendment will commend itself to the House."

Mr. C. S. GOVINDARAJA MUDALIYAR :—" Sir, I second the amendment."

Dr. (Mrs.) S. MUTHULAKSHMI REDDI :—" I accept the amendment."

The amendment was put and carried.

The hon. Mr. S. MUTHIAH MUDALIYAR :—" Mr. President, Sir, the hon. Deputy President has moved a resolution, details of which are already under the consideration of the Government. Since July 1928, the question of

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appointing a separate department under the Public Health Department for looking after child and maternity welfare, for the purpose of organizing child-welfare and maternity centres in the various districts, to educate public opinion in favour of them, to induce local bodies to organize child and maternity centres, to induce people to take more interest in the matter, has been under the consideration of the Government. A scheme was drawn up by the Government and, as a matter of fact, it was put up before the Finance Committee as Part II scheme in December 1928. But unfortunately the Finance Committee did not probably fully go through the scheme and they thought that this might lie over. They said that this scheme might be put in Part IV as it was not absolutely urgent. In spite of this fact the Government have taken up the consideration of the question again and have recommended that the scheme might be placed before the Finance Committee for being included in the budget for 1930–31. So, the organization of a separate staff for carrying on maternity and child-welfare work is the object of the Government and they are doing everything in their power to get the scheme sanctioned by the Legislative Council. I hope that the Members of the Finance Committee will sanction the scheme and that the hon. Members of the House who are enthusiastic in supporting this resolution will sanction the necessary provision so that the Government will be able to make it an accomplished fact at least in the next year, though the Government are really anxious to introduce the scheme this year itself. The hon. Mover of the resolution suggests that qualified medical women should be appointed on the Public Health staff to organise and develop maternity and child-welfare work in the manner best suited to this province. That is the very object of the Government. The supervision of midwives and dais will be part of the work of the department when it is created. General supervision of dais is now to a certain extent done by the Midwives and Nurses Association. They have to register the dais and in so doing I dare say that they will take care to see that the persons who are registered possess the necessary qualifications. I know that they have not the necessary staff or facilities to train the dais. As regards medical inspection of school girls and women students, medical inspection in secondary schools is now optional and to make it compulsory we do not have sufficient number of medical officers. None of the suggestions put forward by the hon. Mover of the resolution is new and every one of them is receiving the attention of the Government. Nothing will be gained by pressing the resolution. I hope it will be withdrawn. Anyhow I have no objection to the resolution being passed."

The hon. the PRESIDENT :—" Does the hon Minister accept the resolution ? "

The hon. Mr. S. MUTHIAH MUDALIYAR :—" I have no objection to accept the resolution. But I think that further discussion on the resolution is unnecessary and the hon. Mover told me that she would withdraw the resolution."

* Mr. F. E. JAMES :—" Sir, I suggest that the hon. Mover do press this resolution so that the Finance Committee may pass this scheme. I should like to know the names of the Members of Finance Committee who had the temerity to throw out this scheme last time ! I hope they will now take note of the opinion of the House. I therefore suggest that the Mover do press the resolution."

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Dr. B. S. MALLAYYA :—"Sir, I have been listening carefully to the speech of the hon. Minister for Public Health. But I fail to understand how the appointment of one or two qualified Indian Medical women is going to help us out of the difficulty. The training of dais is a very intricate question. These women who are supposed to be in charge of child-welfare are only a wing of the Public Health Department; they are quite different from those working in hospitals and dispensaries in the districts and in the presidency town itself. This is a very intricate question and I think that, in the fitness of things, the hon. Minister for Public Health ought to refer the whole scheme to the Surgeon-General for a thorough examination and detailed report about carrying out all the suggestions contained in the resolution. The scheme is very important and quite necessary to improve the condition of lying-in women in distant and outlying parts of this presidency. The appointment of one woman is not going to solve the question in any way except to provide her with salary and make her a figure-head in the Surgeon-General's office. We have to make a detailed study of this question, provide facilities in maternity hospitals and make arrangements for training dais. Nothing will be gained by the Ministry appointing one or two highly qualified medical women."

Dr. (Mrs.) S. MUTHULAKSHMI REDDI :—"Sir, the training of dais is bound up with the scheme of child-welfare and maternity work. One medical officer cannot train a large number of dais but when she goes to inspect the centres, she may also give instructions to the Health Visitor who is in charge of the centre on the subject of training the dais. I have already suggested that more than one qualified medical women is necessary for this work. One may be appointed to look after child-welfare work, another to supervise the training of the work of the dais and a third one for medical inspection of girl students. Perhaps when a beginning is made, we may know how many qualified medical women will be necessary."

The hon. the PRESIDENT :—"The question is that 'this Council recommends to the Government that qualified Indian medical women should be appointed on the Public Health staff to organize and develop maternity and child-welfare work in the manner best suited to this province, to supervise midwives and dais and to attend to the medical inspection of school girls and women students.'"

The resolution as amended was put and carried.

APPOINTMENT OF A COMMITTEE TO EXAMINE THE DISTRICT REPORTS ON THE SURVEY OF COTTAGE INDUSTRIES.

3 p.m. * Mr. G. HARISARVOTTAMA RAO :—"Mr. President, Sir, I beg to move the following resolution :

'*This Council recommends to the Government that a committee consisting of three members of this Council and two experts be appointed to examine the district reports of the Special Officer appointed to survey "Cottage industries" and submit proposals for an effective organization of such of those industries as deserve encouragement.*'

"Sir, in moving this resolution, my intention is really to rouse the Government to action in this matter. As a matter of fact, the history of this survey has not a little to account for this motion. In the first instance